



COUNTY OF FAIRFAX
Department of Planning and Zoning
Zoning Evaluation Division
12055 Government Center Parkway, Suite 801
Fairfax, VA 22035 (703) 324-1290, TTY 711
www.fairfaxcounty.gov/dpz/zoning/applications

APPLICATION No: SP 2014-PR-119
(Staff will assign)

RECEIVED
Department of Planning and Zoning

JUN 11 2014

Zoning Evaluation Division

APPLICATION FOR A SPECIAL PERMIT

(PLEASE TYPE or PRINT IN BLACK INK)

| | | |
|--|--|---|
| APPLICANT | NAME MIRIAM MALDONADO (MEDINA) <u>MIRIAM'S DAYCARE</u> ^{MM} 06/11/14 | |
| | MAILING ADDRESS 7508 ARLINGTON BLVD FALLS CHURCH VA 22042 | |
| | PHONE HOME (571) 2824181 WORK () | |
| | PHONE MOBILE (703) 5075650 | |
| PROPERTY INFORMATION | PROPERTY ADDRESS 7508 ARLINGTON BLVD FALLS CHURCH VA 22042 | |
| | TAX MAP NO. 50-3-17-0094 | SIZE (ACRES/SQ FT) 15.8855F MM 06/11/14 |
| | ZONING DISTRICT R-4 <input checked="" type="checkbox"/> | MAGISTERIAL DISTRICT Providence <input checked="" type="checkbox"/> |
| | PROPOSED ZONING IF CONCURRENT WITH REZONING APPLICATION: N/A | |
| SPECIAL PERMIT REQUEST INFORMATION | ZONING ORDINANCE SECTION 8-503 | |
| | PROPOSED USE HOME CHILD CARE FACILITY | |
| AGENT/CONTACT INFORMATION | NAME | |
| | MAILING ADDRESS | |
| | PHONE HOME () WORK () | |
| | PHONE MOBILE () | |
| MAILING | Send all correspondence to (check one): <input type="checkbox"/> Applicant -or- <input type="checkbox"/> Agent/Contact | |
| <p>The name(s) and addresses of owner(s) of record shall be provided on the affidavit form attached and made part of this application. The undersigned has the power to authorize and does hereby authorize Fairfax County staff representatives on official business to enter the subject property as necessary to process the application.</p> <p><u>Miriam Maldonado (Medina)</u> TYPE/PRINT NAME OF APPLICANT/AGENT</p> <p><u>[Signature]</u> SIGNATURE OF APPLICANT/AGENT</p> | | |

DO NOT WRITE IN THIS SPACE

Date Application accepted: June 18, 2014

Application Fee Paid: \$ 435.00

SP 2014-0165

MR
6/18/14